

NOTICE TO RADIATION THERAPISTS, RADIOGRAPHERS, AND NUCLEAR MEDICINE TECHNOLOGISTS

The Maryland Board of Physicians (the Board) issues licenses to eligible applicants year round. If deemed eligible for reinstatement, when do you wish to be reinstated? Please read the next page carefully, make your choice, complete the form, and return it with application to the Board.

Thank you for your cooperation.

PLEASE COMPLETE NEXT PAGE OF THIS FORM

MARYLAND BOARD OF PHYSICIANS

P.O. Box 2571
Baltimore, MD 21215-0095

**APPLICATION FOR REINSTATEMENT FOR RADIATION THERAPISTS,
RADIOGRAPHERS, AND NUCLEAR MEDICINE TECHNOLOGISTS**

Applicant's Preferred Date of License

**Licenses for Radiation Therapists, Radiographers and Nuclear Medicine Technologists
expire on April 30 of every odd year regardless of the date the Board issued the license.**

The Maryland Board of Physicians (the Board) issues licenses to eligible applicants year round. Applicants eligible for reinstatement may choose to be reinstated BEFORE April 30, 2009 or AFTER April 30, 2009.

Instructions: Please choose Option 1 or Option 2. Print your name, sign and date the form, and include it with your application for reinstatement. The Board will issue the license only upon receipt of this signed form.

Option 1

_____ If determined eligible for reinstatement, I want to be reinstated **BEFORE** April 30, 2009. If reinstated, I understand that: (1) I will be required to renew the license and pay a renewal application fee before the license expires on April 30, 2009; and (2) the Board will issue the license only upon receipt of this signed form.

Signature: _____ Date: _____

Name in Print: _____

Option 2

_____ If determined eligible for reinstatement, I want to be reinstated **AFTER** April 30, 2009. If reinstated, I understand that: (1) the license will be effective on May 1, 2009 or later; (2) the license will expire April 30, 2011; (3) I **MAY NOT** work as a radiation therapist, radiographer, or nuclear medicine technologist in Maryland **prior** to receiving my license; and (4) the Board will issue the license only upon receipt of this signed form.

Signature: _____ Date: _____

Name in Print: _____